

## LIFESPAN CANNABIS USE PATTERNS IN OLDER USERS

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The rapidly rising rates of cannabis use among older adults may reflect a rise in late-onset users, re-engagement after a period without use, or a continuous use pattern since young adulthood that is more visible after legalization of cannabis. Older (age 60+) cannabis users (n=82) provided retrospective ratings on their frequency of use across adulthood. Approximately 28% were not using cannabis when young adults, with a larger percentage (40%) reporting non-use while ages 31-49 and 37% reported non-use when ages 50-64. Approximately 21% of older users were first time users, with 60% low frequency and 35% daily/weekly users. High frequency users generally were high frequency users throughout adulthood, but the pattern varied substantially by gender and mode of consumption. Women were more likely first-time users than men, and more likely non-smokers. Among non-smokers, about 40% were first-time users. Implications are explored for research, policy, and clinical practice.

## ASSESSING HEALTH-RELATED OUTCOMES OF MEDICAL CANNABIS USE AMONG OLDER PERSONS IN COLORADO AND ILLINOIS

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The use of cannabis is increasing among older Americans. A growing body of evidence shows cannabis and cannabinoids effective for treating chronic pain, spasticity, nausea, and sleep disturbances. States seeking to respond to the treatment needs of specific patient populations have legalized the use of cannabis for medical purposes. Few instruments offer standard outcomes for understanding the use of medical cannabis from the patient perspective, particularly focusing on older persons. Using cross-sectional survey data from a sample of older persons in Colorado and Illinois, we validate two scales to consistently measure patient-reported health related outcomes of medical cannabis use. We confirmed the validity of two separate, reliable outcome scales: a three-factor scale for measuring global health outcomes and a single-factor scale for capturing adverse health events. The COPS questionnaire revealed strong construct validity and internal consistency, and a lack of meaningful factor variance.

## CANNABIS USE BY CAREGIVERS OF PERSONS WITH DEMENTIA

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Thirty three states have legalized marijuana for medical or recreational use. This increased access to cannabis products has heightened interest in its use among family caregivers. Clinicians anecdotally report frequent questions from

families about the use of these products, but lack sound information to provide an informed response. Some studies suggest cannabis could help to manage behavioral symptoms of dementia. No studies to date have explored marijuana or cannabis product use by caregivers for themselves or for the person with dementia. Caregivers of persons with diagnosed dementia were invited to take part in a study that included completion of a survey and participation in a focus group that explored self care practices, including the use of marijuana and cannabidiol (CBD) products for themselves and the person with dementia. Results of the survey and trends from the focus groups will be presented, with a comparison between English and Spanish speaking individuals.

## MARIJUANA USE AMONG OLDER ADULTS: HARMS MAY OUTWEIGH BENEFITS

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The US Epidemiologic data show that past-year marijuana use rates among the 50+ age group rose more than 300% between 2002 and 2017. In 2017, 10.2% of those aged 50-64 years and 3.7% of those aged 65+ years were past-year users, and 15% of these users reported all or part of their use to have been for medical purposes. In this symposium, using findings from previous research and recent epidemiologic data, we will present both positive and adverse effects of late-life marijuana use. Marijuana may be useful for the treatment of pain (particularly neuropathic pain) and chemotherapy-induced nausea and vomiting. However, older marijuana users are often long-term users and significant proportions suffer from marijuana use disorder along with other substance (nicotine, alcohol, prescription and illicit drugs) use and/or mental disorders. Adverse effects also include dizziness, confusion, impairments in memory and attention, somnolence, and hallucinations, which may outweigh purported positive effects.

## SESSION 1105 (SYMPOSIUM)

### SOCIAL AND PSYCHOLOGICAL FACTORS AND COGNITIVE FUNCTION: FINDINGS FROM INTERNATIONAL SURVEYS

Chair: HANZHANG XU, *Duke University, Durham, North Carolina, United States*

Discussant: Bei Wu, *New York University, New York, New York, United States*

This symposium examines how social and psychological factors including formal schooling, subjective memory, and neuropsychological symptoms impact cognitive function among older adults in China and the U.S. The first paper used the WHO's Study on global AGEing and adult health Wave-1 data to examine the relationship between subjective cognitive function, perceived memory decline, and objective cognitive function among older adults in China. The results showed worse subjective cognitive function was associated with poorer working memory and verbal fluency, whereas greater perceived memory decline was associated only with poorer working memory. Furthermore, using data from the Health and Retirement Study, the second paper applied